

CLAIMS ONLY							Application Number <b>10017369</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/										
2											
3	/										
4											
5	/										
6											
7											
8	/										
9	/										
10											
11	/										
12	/										
13	/										
14											
15	/										
16											
17	/										
18											
19	/										
20	/										
21											
22	/										
23	/										
24											
25	/										
26											
27	/										
28											
29	/										
30											
31	/										
32											
33	/										
34											
35	/										
36											
37	/										
38											
39	/										
40											
41	/										
42											
43	/										
44											
45											
46											
47	/										
48											
49	/										
50											
51	/										
52											
53	/										
54											
55											
56											
57	/										
58											
59											
60											
61	/										
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											
97											
98											
99											
100											
Total	30										
Indep											
Total	34										
Depend											
Total	64										
Claims											

BEST AVAILABLE COPY